MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05065

CERTIFICATE OF DEATH

Reg. Dist. No. 105

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Charles; MARYLAND; CITY (If outside corporate limits, write RURAL) OR TOWN Issue. Md; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Chas; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Issue Md; STREET ADDRESS — (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) anna (Middle) Catherine (Last) Butler

4. DATE OF DEATH: (Month) May (Day) 6 (Year) 1950

5. SEX: F

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Wid

8. DATE OF BIRTH: Jan 22-1867

9. AGE last birthday: 83 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Self

11. BIRTHPLACE (State or foreign country): St Marys Co Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Robert Thomas

14. MOTHER'S MAIDEN NAME: Rosabella Shorter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mary E. Templeman Daughter Issue, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary edema	18 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral vascular accident	12 days
	(c) Arteriosclerosis hypertension heart disease	years

443x
93d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —; PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —; (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.; INJURY OCCURRED While at Work ☐ Not While At Work ☐; HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 26 April, 1950, to 5-6, 1950, that I last saw the deceased alive on 2 May, 1950, and that death occurred at 6 00 PM m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J O Woodey MD La Plata. Md. 8 May 50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF May 10-50; NAME OF CEMETERY OR CREMATORY Holy Ghost; LOCATION (City, town, or county) Issue; (State) md

DATE REC'D BY LOCAL REG. 5/9/50; REGISTRAR'S SIGNATURE Julia H. Posey

24. FUNERAL DIRECTOR Arnett & Ryon, ADDRESS Waldorf, md

RECEIVED
MAY 11 1950
BUREAU V. S.

05066

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 106

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pomonkey
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Charles
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pomonkey
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Annie (Middle) Helen (Last) Butler

4. DATE OF DEATH (Month) May (Day) 25 (Year) 1950

5. SEX Female

6. COLOR OR RACE Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH Sept. 19th 1876

9. AGE last birthday 73 yrs. If under 1 year Months | Days | If under 24 hrs. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Bryantown, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Frank Blackiston

14. MOTHER'S MAIDEN NAME Josephine Robinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Georgia C. Lucas

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Congestive Heart Failure	2 mos
443X Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive C-V Disease	1 year
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov., 1949, to May, 1950, that I last saw the deceased alive on May 15, 1950, and that death occurred at 6:00 p.m., from the causes and on the date stated above.

SIGNATURE Percival C. Smith (Degree or title) M.D. ADDRESS Indian Head, Md DATE SIGNED 5-25-50

23. BURIAL, CREMATION REMOVAL (Specify) May 24, 1950

DATE 5-25-50

NAME OF CEMETERY OR CREMATORY St. Charles

LOCATION (City, town, or county) Glymont (State) Md.

DATE REC'D BY LOCAL REG. 5-25-50

REGISTRAR'S SIGNATURE Mayme E. Ransome

24. FUNERAL DIRECTOR Barnes & Matthews ADDRESS 614-4" St. Sec. Wash. DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
JUN 8 1960
BUREAU V. S.

M

05067

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wayside
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wayside
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Edgar (Middle) D. (Last) Butler

4. DATE OF DEATH (Month) May (Day) 20 (Year) 1950

5. SEX Male
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH June 21 1901
9. AGE last birthday 48 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Self.
11. BIRTHPLACE (State or foreign country) Chas. Co. Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James A. Butler
14. MOTHER'S MAIDEN NAME Julia Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT Anthony Butler, Wayside

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CEREBRAL HEMORRHAGE — INTERVAL BETWEEN ONSET AND DEATH 3 DAYS

331X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

83a (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-17, 1950, to 5-20, 1950, that I last saw the deceased alive on 5-19, 1950, and that death occurred at 11 30 AM m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Ernest Spencer M.D. ADDRESS Bel Alton Md. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial-Removal
DATE 5/23/50
NAME OF CEMETERY OR CREMATORY Holy Ghost
LOCATION (City, town, or county) (State) Issue Md

DATE REC'D BY LOCAL REG. 5/20/50
REGISTRAR'S SIGNATURE Julia H. Pasey
24. FUNERAL DIRECTOR George Betters, Washington, D.C. ADDRESS

000VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
MAY 23 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

05068 100

Reg. Dist. No. ~~105~~

1. PLACE OF DEATH· COUNTY Charles MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE Va. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Benedict — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arlington
HOSPITAL OR INSTITUTION OR STREET ADDRESS Patuxent River	STREET ADDRESS (If rural, give location) 1603 - Key Blvd.

3. NAME OF DECEASED (Type or Print)	(First) ROY	(Middle) SYLVESTER	(Last) DABENHART	4. DATE OF DEATH	(Month) 5 (Day) 27 (Year) 1950
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Febr. 9 1900	9. AGE last birthday 50 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Buss Driver	10b. KIND OF BUSINESS OR INDUSTRY Buss Driver	11. BIRTHPLACE (State or foreign country) North Carolina	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME John Dabenhart	14. MOTHER'S MAIDEN NAME Addie Alexander				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 578-03-9048	17. INFORMANT Russel F. Sours			

18. MEDICAL CERTIFICATION

			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
331 x	Immediate cause	(a) Probably, cerebral hemorrhage	15-20"
83a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Natural causes, unknown	15-20"
		(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —	19b. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? Yes ☐ No ☒
21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James L. MacKavanagh, M.D.,	Deputy Medical Examiner, La Plata, Md.		5-27-50

23. BURIAL, CREMATION REMOVAL (Specify) Removal	DATE THEREOF May 31-50	NAME OF CEMETERY OR CREMATORY Removal	LOCATION (City, town, or county) Arlington Va. (State)
DATE REC'D BY LOCAL REG. May 28-1950	REGISTRAR'S SIGNATURE [signature]	24. FUNERAL DIRECTOR Hunt & Ryan	ADDRESS

May 31, 1950 Julia H. Vasey

42049

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 1 1950
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05969

Reg. Diat. No. 101

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

M

I

VS A15 9-45-15M

1. PLACE OF DEATH:
County Charles
City or town Ironsides
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 13 yrs
Hospital, Institution, or street address where death occurred Lifetime Charles
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Charles
City or town Ironsides
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Reuben Alexander Dorsey.

3.(b) Social Security Number 219-18-5060

4. Sex Male
5. Color or race Colored
6. (a) Single, married, widowed, or divorced Widowed
6.(b) Name of husband or wife Angeline Dorsey
6.(c) If alive, give age ..... years
7. Birth date of deceased (mo., day, yr.) June 1885
8. AGE: Years 64 Months 11 Days — If less than one day ..... hrs. ..... min.
9. Birthplace Charles Co. Md
(Town, county, and state)
10. Usual occupation Laborer.
11. Industry or business Farming
FATHER 12. Name Carol Dorsey
13. Birthplace Charles Co. Md.
MOTHER 14. Maiden name — Simpson
15. Birthplace Charles Co. Md.
16. Informant Irene Jackson
Address Pomfret Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof May 13, 1950. (month) (day) (year)
Cemetery or crematory Mt Hope Baptist.
Location Ironsides Md
18. Funeral director Penny & Coder
Address Mason Springs Md
19. 5/9 1950 Mary Southerland Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1950, at 10 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 7 1950, to ..... 19..
and that I last saw him alive on May 7 1950

	DURATION
Immediate cause of death Cerebral Apoplexy	
Due to Cardio-Vascular	
Due to Renal Disease	
Other conditions 442x	
(Include pregnancy within 3 months of death)	
131a	

Major findings of operation ..... Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE George C. Bicknell M.D.
M. D. or other
Address Mechanicsville Md Date signed May 9 50

RECEIVED
MAY 17 1950
BUREAU V. S.

05070

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 105

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf. LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Graham (Middle) Farrar (Last)
4. DATE OF DEATH (Month) 5 (Day) 19 (Year) 1950

5. SEX M
6. COLOR OR RACE Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 8/17/74
9. AGE last birthday 75 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Farm helper
11. BIRTHPLACE (State or foreign country) North Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME George Farrar
14. MOTHER'S MAIDEN NAME unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. — —
17. INFORMANT AND ADDRESS Arthur Farrar Waldorf, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocardial Apoplexy

442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio - Vas. Renal

131a (c) Dis - Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/15, 1950, to 5/18, 1950, that I last saw the deceased alive on 5/18, 1950, and that death occurred at 2A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[signature] M.D. Waldorf, Md. 5/20/50

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF 5/22/50 NAME OF CEMETERY OR CREMATORY Asberry LOCATION (City, town, or county) Rural Waldorf (State) Md

DATE REC'D BY LOCAL REG. 5/22/50 REGISTRAR'S SIGNATURE M. L. Monroe
24. FUNERAL DIRECTOR Hunt & Ryon ADDRESS

866VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 T

RECEIVED
MAY 23 1950
BUREAU U. S.

05671

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH COUNTY: Charles — MARYLAND: Md
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: La Plata — LENGTH OF STAY (in this place): 6 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Phyc Mem Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Md — COUNTY: Chas
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cob Island Md
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Andrew (Middle) R. (Last) Jenkins Jenkins
4. DATE OF DEATH (Month) 5 (Day) 2 (Year) 1950

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan 7 1877
9. AGE last birthday: 73 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ref Printer
10b. KIND OF BUSINESS OR INDUSTRY: Govt.
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY: N.S.A.

13. FATHER'S NAME: Daniel Jenkins Jenkins
14. MOTHER'S MAIDEN NAME: Mary Sawyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: No
17. INFORMANT AND ADDRESS: Thomas F. Jenkins Jenkins. Son

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary edema	6 days.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral vascular accident.	6 weeks.
	(c) Hypertension, essential	3 years.

331x
83a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None.
19b. MAJOR FINDINGS OF OPERATION: None.
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): None — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 13 March, 1950, to 2 May, 1950, that I last saw the deceased alive on 2 May, 1950, and that death occurred at 6:00 A EST m., from the causes and on the date stated above.

SIGNATURE: A. Woodley. M.D (Degree or title) — ADDRESS: La Plata. Md. — DATE SIGNED: 2 May 50.

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: May 4, 1950 — NAME OF CEMETERY OR CREMATORY: Holy Ghost — LOCATION (City, town, or county) (State): Issue

DATE REC'D BY LOCAL REG.: 5/3/50 — REGISTRAR'S SIGNATURE: Julia H. Pasey — 24. FUNERAL DIRECTOR: Hunt & Ryan, Waldorf Md — ADDRESS: 15697

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 5 1950
BUREAU U. S.

05072

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hughesville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hughesville
STREET ADDRESS — (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) John (Middle) C. (Last) Kline

4. DATE OF DEATH (Month) 5 (Day) 3 (Year) 1950

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH Apr 13-1904

9. AGE last birthday 45 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Body + fender repairman

10b. KIND OF BUSINESS OR INDUSTRY auto shop

11. BIRTHPLACE (State or foreign country) V.A

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Kline

14. MOTHER'S MAIDEN NAME Gertrude Crenshaw

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No. 578-07-6600

17. INFORMANT Lillian Kline

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) External hemorrhage from brain	30'
976X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 164c	(b) Suicidal revolver wound of brain	30'
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home

(CITY OR TOWN) Hughesville (COUNTY) Charles (STATE) Md.

TIME OF INJURY (Month) May (Day) 3, (Year) 1950 (Hour) 12 05A m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Shot self in head

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒ homicide ☐, undetermined ☐.*

SIGNATURE Jas L. MacKavanagh, M.D. (Degree or title) ADDRESS Deputy Medical Examiner, La Plata, Md. DATE SIGNED 5-3-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 5-5-50

NAME OF CEMETERY OR CREMATORY Emanuel

LOCATION (City, town, or county) Baden Md (State)

DATE REC'D BY LOCAL REG. May 4-1950

REGISTRAR'S SIGNATURE M L Moore

24. FUNERAL DIRECTOR Hewitt & Lyon ADDRESS

May 9, 1950 Julia H. Pasey

53284

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAY 11 1950
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05073

CERTIFICATE OF DEATH

Reg. Dist. No. 100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata Md | LENGTH OF STAY (in this place) 50 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Chas
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata Md
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Wesley (Last) Lyles

4. DATE OF DEATH: (Month) May (Day) 6 (Year) 50

5. SEX M | 6. COLOR OR RACE Negro | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Wid | DATE OF BIRTH June 24 1876 | 9. AGE last birthday 74 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | 10b. KIND OF BUSINESS OR INDUSTRY Farm | 11. BIRTHPLACE (State or foreign country) Prince Geo Co Md | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John B Lyles | 14. MOTHER'S MAIDEN NAME Maria Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) | 16. SOCIAL SECURITY No. No | 17. INFORMANT AND ADDRESS John H Lyles Son La Plata Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval between onset and death: 5-4-50

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Gen. Art. Sclerosis

83a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-1, 1948, to 5-4, 1950, that I last saw the deceased alive on 5-4, 1950, and that death occurred at 10A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) (Medelen M.) ADDRESS La Plata DATE SIGNED 5-8-50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 5-9-50 | NAME OF CEMETERY OR CREMATORY Newtown M.E. | LOCATION (City, town, or county) La Plata, Md (State)

DATE REC'D BY LOCAL REG. 5/9/50 | REGISTRAR'S SIGNATURE Julia H Posey | 24. FUNERAL DIRECTOR Huntt & Ryon, Waldorf Md ADDRESS

000 V

RECEIVED
MAY 11 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05074

CERTIFICATE OF DEATH

Reg. Dist. No. 101

1. PLACE OF DEATH:

County: Charles

City or town: Pisgah
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 30 years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Charles

City or town: Pisgah.
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Daisy Mae Helen Monroe

3.(b) Social Security Number

4. Sex: Female

5. Color or race: Colored

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: Arthur E. Monroe

6.(c) If alive, give age: 59 years

7. Birth date of deceased (mo., day, yr.): March 17. 1898

8. AGE: Years: 52 | Months: 1 | Days: 24 | If less than one day: hrs. min.

9. Birthplace: McConchie, Md.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: Own Home

FATHER
12. Name: Edward Boston
13. Birthplace: Charles County, Md.

MOTHER
14. Maiden name: Mandie Smith
15. Birthplace: Charles County, Md

16. Informant: Arthur E. Monroe
Address: Pisgah. Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: May 14 1950 (month) (day) (year)

Cemetery or crematory: Zion Baptist Church

Location: Hilltop. Md.

18. Funeral director: Penny & Cofer
Address: Mason Springs, Md

19. 5/19 1950
(Date rec'd by registrar)
Mary Smith Lund Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 11 1950 at 11 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1950, to May 11 1950 and that I last saw her alive on May 10 1950

Immediate cause of death	DURATION
Acute Myocardial Failure	1 day.
Due to Chronic Hypertensive Heart Disease	15 years
Due to	
Other conditions Aneurysm of Aorta	5 yrs.

443x
96

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Frank G. Susan M.D.
M. D. or other

Address: Indian Head. Md Date signed 5/11/50.

MARGIN RESERVED FOR BINDING

022

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

RECEIVED
MAY 17 1950
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH WABC

2411 N. Charles St., Baltimore

05075

CERTIFICATE OF DEATH

Reg. Dist. No. 107

1. PLACE OF DEATH:

County: Charles

City or town: (Marbury) MARBURY

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 year

Hospital, institution, or street address where death occurred: Home of John H. Mitchell

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Baltimore

City or town: Baltimore

(If outside city or town limits, write RURAL and give nearest town)

Street No. 136 Willard St.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Nellie Walton Moon

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: widowed.

6.(b) Name of husband or wife: Walter D. Moon

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): June 28, 1885

8. AGE: Years 64 | Months 10 | Days 14 | If less than one day ..... hrs. ..... min.

9. Birthplace: Spotsylvania Co. Va.

(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: —

FATHER

12. Name: John C. Mitchell

13. Birthplace: Virginia

MOTHER

14. Maiden name: Susan Ella Alsop

15. Birthplace: Virginia

16. Informant: Mrs. John H. Mitchell

Address: Marbury. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 5-15-50 (month) (day) (year)

Cemetery or crematory: National Memorial Park

Location: Falls Church Va.

18. Funeral director: Hunt & Ryon

Address: Waldorf. Md.

19. 5-13 1950 (Date rec'd by registrar) Mary Southwood Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 12 1950 at 11 15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1949 to May 12 1950 and that I last saw her alive on May 12 1950

Immediate cause of death: Chronic Myocarditis — DURATION 5 yrs.

Due to

Due to

Other conditions: Malnutrition due to Senility — 1 year.

(Include pregnancy within 3 months of death)

422.2

Major findings of operations

93d Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Frank G. Susan L.D. M. D. or other

Address: Indian Head. Md Date signed 5/12/50

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 17 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05076

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

1. PLACE OF DEATH: COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bryantown | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bryantown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Dorothy (Middle) Ann (Last) Neale

4. DATE OF DEATH: (Month) May (Day) 6, (Year) 1950

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 5-6-50

9. AGE last birthday: yrs. | If under 1 year: Months. | Days | If under 24 hrs.: Hours | Min. 5

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: Infant

11. BIRTHPLACE (State or foreign country): Bryantown, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Clinton Neale

14. MOTHER'S MAIDEN NAME: Elsie Veronica Neale

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Elsie Veronica Neale, Bryantown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Unknown	5'
776x Antecedent cause(s)		
159 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Prematurity (cause unknown) — 30 wks	5'
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 3:05 a.m., from the causes and on the date stated above.

SIGNATURE: James L. MacKavanagh, M.D. (Degree or title) | ADDRESS: La Plata, Md. | DATE SIGNED: 5-8-50

23. BURIAL CREMATION REMOVAL (Specify): Burial | DATE: 5-6-50 | NAME OF CEMETERY OR CREMATORY: St. Mary's | LOCATION (City, town, or county) (State): Bryantown, Md

DATE REC'D BY LOCAL REG. 5/6/50 | REGISTRAR'S SIGNATURE: Julia H. Carey | 24. FUNERAL DIRECTOR: Sidney Neale (Grandfather) | ADDRESS

4-0-5-06-0-14-1-30.1 — Bryantown, Md

RECEIVED
MAY 9 1950
BUREAU V. S.

05077

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Victoria Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE OF DECEASED: STATE Md COUNTY Chos
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Victoria
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Georg (Middle) Walter (Last) Queen

4. DATE OF DEATH (Month) 5 (Day) 1 (Year) 1950

5. SEX M
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 7/11/1911
9. AGE last birthday 39 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm
10b. KIND OF BUSINESS OR INDUSTRY Laborer
11. BIRTHPLACE (State or foreign country) St Marys Co Md
12. CITIZEN OF WHAT COUNTRY? NSA

13. FATHER'S NAME George W Queen
14. MOTHER'S MAIDEN NAME Mary L. Silas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Dorothy Queen Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hemorrhage Pulmonary	4-30-50
002X Antecedent cause(s)		
13l Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pulmonary T. B.	4-28-50
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-28, 1950 to 4-30, 1950, that I last saw the deceased alive on 4-28, 1950, and that death occurred at 11 30 m., from the causes and on the date stated above.

SIGNATURE E. Edelen (Degree or title) M-D ADDRESS La Plata Md DATE SIGNED 5-1-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 5/3/50
NAME OF CEMETERY OR CREMATORY John Wesley
LOCATION (City, town, or county) Budds Creek (State) Md

DATE REC'D BY LOCAL REG May 2-50
REGISTRAR'S SIGNATURE M L Moore
24. FUNERAL DIRECTOR Hunt & Ryan ADDRESS

May 9, 1950 Julia H. Posey

86611

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 11 1950
BUREAU U. S.

05078

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata Md
LENGTH OF STAY (in this place) 3 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS Phys. Mem. ~~Marie Gertrude~~ La Plata Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Chas
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Belalton Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Marie (Middle) Gertrude (Last) Rice
4. DATE OF DEATH (Month) 5 (Day) 12 (Year) 1950

5. SEX F
6. COLOR OR RACE W
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH Mch 9-1909
9. AGE last birthday 41 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY Self
11. BIRTHPLACE (State or foreign country) Brentland Md
12. CITIZEN OF WHAT COUNTRY? MSA

13. FATHER'S NAME James Thomas Scott
14. MOTHER'S MAIDEN NAME Mary Clara Wenk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) no
16. SOCIAL SECURITY No. no
17. INFORMANT AND ADDRESS Myrtle Louise Sister

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

171x Immediate cause (a) Cancer of the Cervix (Uterus) — INTERVAL BETWEEN ONSET AND DEATH 6-10-49

Antecedent cause(s)

48a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-6, 1950, to 5-13, 1950, that I last saw the deceased alive on 5-12, 1950, and that death occurred at 2 A m., from the causes and on the date stated above.

SIGNATURE C. J. Edelen (Degree or title) M.D. ADDRESS La Plata, Md. DATE SIGNED 5-14-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE May 16-50
NAME OF CEMETERY OR CREMATORY St Thomas
LOCATION (City, town, or county) (State) Belalton Md

DATE REC'D BY LOCAL REG. 5-15/50
REGISTRAR'S SIGNATURE M. L. Moore
24. FUNERAL DIRECTOR Hunt & Ryan Waldorf Md ADDRESS

5-16-50 Julia H. Posey

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

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VS. A15

RECEIVED
MAY 17 1950
BUREAU V. S.

05079

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

M

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I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LaPlata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Indian Head
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Rose (Last) Savoy

4. DATE OF DEATH (Month) May (Day) 19 (Year) 1950

5. SEX Female

6. COLOR OR RACE Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH 5/17/50

9. AGE last birthday yrs. If under 1 year: Months. Days 2 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —

10b. KIND OF BUSINESS OR INDUSTRY Infant

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Robert Savoy

14. MOTHER'S MAIDEN NAME Cordelia Branson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS Robert Savoy, Indian Head

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) respiratory failure.	8 hours
773.5 Antecedent cause(s)		
159 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Prematurity.	2 days.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 17 May, 1950, to 19 May, 1950, that I last saw the deceased alive on 19 May, 1950, and that death occurred at 9 30 A.m., from the causes and on the date stated above.

SIGNATURE S. Woodley. (Degree or title) M.D. ADDRESS LaPlata. Md. DATE SIGNED 19 May '50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 5/19/50
NAME OF CEMETERY OR CREMATORY Pamonkey Church
LOCATION (City, town, or county) (State) Pamonkey Md

DATE REC'D BY LOCAL REG. 5/19/50
REGISTRAR'S SIGNATURE Julia H. Pasey
24. FUNERAL DIRECTOR Robert Savoy, ADDRESS Indian Head

4-0-5-17-0-4-0-5-27-0

RECEIVED
MAY 23 1950
BUREAU P. S.

05080

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 101

1. PLACE OF DEATH:

County: Charles

City or town: Rison (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life time.

Hospital, institution, or street address where death occurred: —

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Charles

City or town: Rison (If outside city or town limits, write RURAL and give nearest town)

Street No. — (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Pearl Elizabeth Smallwood

3. (b) Social Security Number —

4. Sex: F

5. Color or race: C

6.(a) Single, married, widowed, or divorced: Widowed

6.(b) Name of husband or wife: Eddie King

6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): Aug 18 1892

8. AGE: Years 57 Months 8 Days — If less than one day ... hrs. ... min.

9. Birthplace: Chicamuxen Charles Co. Md. (Town, county, and state)

10. Usual occupation: Housemfl

11. Industry or business

FATHER
12. Name: Thomas Savoy.
13. Birthplace: Charles Co. Md.

MOTHER
14. Maiden name: Indiana Hart
15. Birthplace: Charles Co. Md.

16. Informant: Ruth Woodfin.

Address: 1716 Seaton St. N.W. Washington DC

17. Burial (Burial, cremation, or removal. Which?) Date thereof: May 4 50 (month) (day) (year)

Cemetery or crematory: Chicamuxen - Methodist.

Location: Chicamuxen. Md.

18. Funeral director: Montgomery Bros.

Address: 918 Florida Ave. N.W. Washington D.C.

19. 5/1 1950 (Date rec'd by registrar) Mary Southerland Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 1 1950 at 2 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 1906, to Apr. 1950 and that I last saw her alive on Apr. 20 1950.

Immediate cause of death: Chr. Cario-vascular

Due to: Renal Disease.

Due to:

Other conditions: —

442x
131a (Include pregnancy within 3 months of death)

DURATION

Major findings of operations: — Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: George C. Bicknell Mtn M. D. or other

Address: Marbury Md Date signed May 1 50

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 4 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

D5081

Reg. Dist. No. 100

1. PLACE OF DEATH:
County: Charles
City or town: Cobb Island
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? visiting
Hospital, institution, or street address where death occurred:
How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: D. C. County:
City or town: Washington
(If outside city or town limits, write RURAL and give nearest town)
Street No. 615 - K. St. N.E.
(If rural, give LOCATION)
2.(a) If veteran, name war: J

3.(a) FULL NAME: Edward Charles Vier Koren

3.(b) Social Security Number: 577-12-2154

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	D.

6.(b) Name of husband or wife:
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): 4-9-83

8. AGE: Years	Months	Days	If less than one day
67	1	12	hrs. min.

9. Birthplace: D.C. (Town, county, and state)
10. Usual occupation: Bricklayer
11. Industry or business: Building Construction
FATHER 12. Name: John C. Vierkorn
13. Birthplace: Germany
MOTHER 14. Maiden name: Deborah Schallard
15. Birthplace: Germany
16. Informant: Contents of Purse
Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof 5-24-50 (month) (day) (year)
Cemetery or crematory: Rock Creek Cemetery
Location: Washington, D.C.
18. Funeral director: Townley & Hanlon
Address: 641-H St. N.E. Washington
19. 5/23/50 19 (Date rec'd by registrar) Julia H. Pacey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 5-21 1950 at 3:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19 and that I last saw h alive on 19

Immediate cause of death	DURATION
Coronary Occlusion	5-21-50
Due to	
Due to	
Other conditions	

4204 940 (Include pregnancy within 3 months of death)

Major findings of operations: Medical Examiner's Case Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: J. Gedelew M.D. M. D. or other
Address: La Plata Date signed: 5-21-50

3084

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

1950
1883
b 7
67

RECEIVED
MAY 24 1950
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05082

1.00

Reg. Dist. No. 105

1. PLACE OF DEATH: COUNTY CHARLES MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BENEDICT
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Benedict
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Joseph (Middle) Elmer (Last) WELSH

4. DATE OF DEATH (Month) MAY (Day) 15 (Year) 1950

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 9/28/91

9. AGE last birthday 58 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fisherman

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Md.

12. CITIZEN OF WHAT COUNTRY? W.S.

13. FATHER'S NAME William W. Welsh

14. MOTHER'S MAIDEN NAME Melisa Hurley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ✓ (If year, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT Alice Welch Alexandria Va

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) BILATERAL PULMONARY TUBERCULOSIS FAR ADVANCED — 2 YEARS.

002x

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

13b

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from MARCH 15, 1950, to MAY 15, 1950, that I last saw the deceased alive on MAY 14, 1950, and that death occurred at 8 30 A.m., from the causes and on the date stated above.

SIGNATURE John H. Griffin, M.D. (Degree or title) ADDRESS Hughesville, Md. DATE SIGNED 5/15/50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE 5/18/50 NAME OF CEMETERY OR CREMATORY Bethel LOCATION (City, town, or county) Alexandria Va (State)

DATE REC'D BY LOCAL REG. 5-15-50 REGISTRAR'S SIGNATURE M. L. Monroe

24. FUNERAL DIRECTOR Huntt & Ryon ADDRESS Waldorf, Md.

5/22/50 Julia H. Pasey

900 VI

RECEIVED
MAY 23 1950
BUREAU V. S.